

STANDARDIZED PERMIT APPLICATION

CITY OF SAN RAMON

2226 Camino Ramon
P.O. BOX 5148
San Ramon, CA 94583-1350
Dept. 925-973-2580, Fax 925-242-9312
building@ci.san-ramon.ca.us

DATE:	
APPLICATION #:	
FEE:	

CONTRACTOR LICENSE #_ LICENSE CLASS: PHONE #_ COMPANY NAME: FAX #	OSCOLATION AND AND AND AND AND AND AND AND AND AN	building@ci.san-ramon.ca.u				
PROJECT ADDRESS: CONSTRUCTION VALUATION: \$ Description: DESCRIPTION OF WORK: New Building Addition Addition Addition only Description: New Building Active Section Sectio		Please print clearly and fi	ll in all that apply. HOA Approval □ Yes □ No			
DESCRIPTION OF WORK: Description:						
Description: DESCRIPTION OF WORK:	PROJECT ADDRESS:					
DESCRIPTION OF WORK:		•				
New Building	Description:					
New Building						
New Building						
Fire Repair						
Fire Repair	☐ Landscape	☐ Sign ☐ Foundation o	nly ☐ Chimney Repair ☐ Swimming Pool/Spa			
Building Area:	☐ Fire Repair	□ Re-roofsq.ft.	☐ Deck/Patio Cover/Trellis ☐ Windows			
PROPOSED: FLOOR AREA:	Building Area:	Uther. Sa Ft Building Height	Ft Stories:			
PROPOSED: FLOOR AREA:	EXISTING: FLOOR AREA	:GARAGE:	OTHER: # UNITS:			
Setbacks: FRONT: REAR: LEFT: RIGHT: PROPERTY OWNER TENANT DARCHITECT DESIGNER DENGINEER	PROPOSED: FLOOR AREA	A: GARAGE:	OTHER: # UNITS:			
Setbacks: FRONT: REAR: LEFT: RIGHT: PROPERTY OWNER TENANT DARCHITECT DESIGNER DENGINEER	Lot Size (Sa.Ft.):	Lot Dimension (Front/Side/Rea	r): Coverage %:			
NAME:	Setbacks: FRONT:	REAR:	_ LEFT:RIGHT:			
NAME:	□ PROPERTY OV	VNER	☐ ARCHITECT ☐ DESIGNER ☐ ENGINEER			
ADDRESS:						
COMPANY NAME: PHONE #:						
PHONE #:						
E-MAIL ADDRESS:						
TENANT COMPANY NAME:						
May require written approval from the owner. E-MAIL ADDRESS: PHONE#: FAX # ADDRESS: E-MAIL ADDRESS: CONTRACTOR OWNER-BUILDER						
PROJECT CONTACT PERSON: PHONE#: FAX #	_	_				
CONTRACTOR LICENSE # LICENSE CLASS: PHONE #						
LICENSE # LICENSE CLASS: PHONE # COMPANY NAME: FAX # ADDRESS: E-MAIL ADDRESS: E-MAIL ADDRESS: SAN RAMON BUSINESS LICENSE # TYPE OF CONSTRUCTION: OCCUPANCY: ZONE: FIRE SPRINKLERS:	ADDRESS:		E-MAIL ADDRESS:			
LICENSE # LICENSE CLASS: PHONE # COMPANY NAME: FAX # ADDRESS: E-MAIL ADDRESS: E-MAIL ADDRESS: SAN RAMON BUSINESS LICENSE # TYPE OF CONSTRUCTION: OCCUPANCY: ZONE: FIRE SPRINKLERS:		□ CONTRACTOR	□ OWNER_RIHI DER			
ADDRESS: E-MAIL ADDRESS: SAN RAMON BUSINESS LICENSE # TYPE OF CONSTRUCTION: OCCUPANCY: ZONE: FIRE SPRINKLERS: YES NO HAZARDOUS MATERIALS: YES NO EXISTING USE: PROPOSED USE: NUMBER OF PLANS SUBMITTED: STRUCTURAL CALCULATIONS: TITLE 24 ENERGY: OTHER:	LICENSE #					
TYPE OF CONSTRUCTION:OCCUPANCY:ZONE:FIRE SPRINKLERS: ☐ YES ☐ NO HAZARDOUS MATERIALS: ☐ YES ☐ NO EXISTING USE:PROPOSED USE: NUMBER OF PLANS SUBMITTED:STRUCTURAL CALCULATIONS:TITLE 24 ENERGY: OTHER:	COMPANY NAME:		FAX #			
TYPE OF CONSTRUCTION:OCCUPANCY:ZONE:FIRE SPRINKLERS:	ADDRESS:		E-MAIL ADDRESS:			
HAZARDOUS MATERIALS:	CITY/STATE/ZIP:		SAN RAMON BUSINESS LICENSE #			
HAZARDOUS MATERIALS:						
OTHER:	TYPE OF CONSTRUCTION	:OCCUPANCY:Z	ONE:FIRE SPRINKLERS: ☐ YES ☐ NO			
Submitted by (cign): (nrint):	HAZARDOUS MATERIALS:					
	Submitted by (size)		(print):			